

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.	✓	↓		↓		↓
TOTAL DEP.	✓	↔		↔		↔
TOTAL CLAIMS	✓	██████		██████		██████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.			↓			
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		██████		██████		██████